
FRANKLIN COUNTY

DEFINITIONS AND REQUIRED DOCUMENTS

If you are requesting coverage for a dependent (spouse, domestic partner or child), the eligibility of the dependent must be verified before coverage will be approved. To verify a dependent's eligibility, submit the applicable required documents (see dependent types and required documents below) to the Franklin County Benefits Office.

The required documents must be provided to the Benefits Office:

New Hire: Within 30 days of your date of hire

Qualified Life Event, i.e. marriage, birth, etc.: Within 30 days of the date of the life event

Open Enrollment: No later than the date specified in your Open Enrollment materials

If the required documents are not provided within this timeframe, coverage will not be approved and the next opportunity to enroll your dependents will be at the next annual Open Enrollment.

READ THIS ENTIRE CHECKLIST BEFORE YOU ENROLL YOUR DEPENDENTS.

- Checklist**
- ☐ **Enroll your dependents at <https://mybenefits.secova.com>.**
Coverage will not be provided for dependents until the required documents are received and approved by the Benefits Office.
 - ☐ **IMPORTANT: Print or email your Confirmation Statement.**
This is the final screen of your enrollment session. If you do not have access to a printer, email the confirmation statement to your work or personal email address.
 - ☐ **Refer to the dependent types in the following chart.**
Identify the dependent type of each dependent you are enrolling and the documents required.
 - ☐ **Make copies of the required documents.**
Originals are NOT required.
 - ☐ **Record the following information in the upper right corner of each document.**
 - Employee name
 - Telephone number
 - ☐ **Submit the required documents to the Franklin County Benefits Office.**
Documents must be received by the Benefits Office within the timeframes illustrated above.

Send documents via post or inter-office mail or hand deliver to:

Franklin County Benefits Office
Attention: Dependent Eligibility
373 S High Street, 25th Floor
Columbus, OH 43215

Fax documents to:

Franklin County Benefits Office
Dependent Eligibility
614-525-5515

Scan and email documents to:

Benefits@franklincountyohio.gov

Contact the Franklin County Benefits Office if you have questions.

Local: 614-525-5750

Toll-free: 1-800-397-5884

Email: Benefits@franklincountyohio.gov

SPOUSE AND DOMESTIC PARTNER		
DEPENDENT TYPE	DEFINITION	REQUIRED DOCUMENT(S)
Spouse	<p>Legal spouse of a covered employee</p> <p>Does not include:</p> <ul style="list-style-type: none"> - Ex-spouse - <i>Legally</i> separated spouse 	<p><u>One (1) of the following OPTIONS:</u></p> <p>OPTION 1: Covered employee's most recent Federal Income Tax Return (1040, 1040A or 1040EZ) as filed with the IRS listing the spouse</p> <ul style="list-style-type: none"> - Page 1 PLUS signature page if filed hard copy; OR - Page 1 PLUS Certificate of Electronic Filing <p>OPTION 2: Marriage Certificate (court approved certificate or marriage abstract, not license) PLUS one of the following to show <u>current</u> joint tenancy:</p> <ul style="list-style-type: none"> - Proof of joint ownership of residence or other real estate; - Proof that covered employee and spouse are both listed on a lease or share the rent of a home or other property; - Joint ownership of a motor vehicle; - Designation of the spouse as a primary beneficiary of the covered employee's life insurance, or retirement benefits; - Utility bill listing both covered employee and spouse (or 2 separate utility bills at the same address, one listing the covered employee and one listing the spouse).
Domestic Partner	<p>A qualified domestic partner:</p> <ul style="list-style-type: none"> - must share a permanent residence with the covered employee; - is the sole domestic partner of the covered employee, has been in a relationship with the covered employee for the past six (6) months and intends to remain in the relationship indefinitely; - is not currently married to or legally separated from another person; - shares responsibility with the covered person for each other's common welfare; - is at least 18 years of age and mentally competent; - is not related to the covered employee by blood to a degree of closeness that would prohibit marriage; - is financially interdependent with the covered employee in accordance with the plan requirements. 	<p>Affidavit of Domestic Partnership</p> <p>PLUS</p> <p><u>Three (3) of the following documents to show financial interdependency:</u></p> <ul style="list-style-type: none"> - Joint ownership of real estate property or joint tenancy on a residential lease; - Joint ownership of an automobile; - Joint bank or credit account; - Joint liabilities (e.g. credit cards or loans); - A will designating the domestic partner as primary beneficiary; - A retirement plan or life insurance policy beneficiary designation form designating the domestic partner as primary beneficiary; - A durable power of attorney signed to the effect that the covered employee and the domestic partner have granted powers to one another.

DEPENDENT CHILD		
DEPENDENT TYPE	DEFINITION	REQUIRED DOCUMENT(S)
Natural child (up to age 28*) * See additional requirements for 26 and 27 year old dependents below.	A natural (biological) child of the covered employee or domestic partner The domestic partner must be enrolled in order to enroll a natural child of the domestic partner unless there is a legal relationship between the employee and the child, i.e. the child was adopted by the employee or the employee has legal guardianship of the child.	<u>One (1) of the following OPTIONS:</u> OPTION 1: Covered employee or domestic partner's most recent Federal Income Tax Return (1040, 1040A or 1040EZ) as filed with the IRS listing the child as dependent - Page 1 PLUS signature page if filed hard copy; OR - Page 1 PLUS Certificate of Electronic Filing OPTION 2: Birth Certificate of child
		OR
		If one of the OPTIONS above is not available (i.e., when adding a newborn), <u>one (1)</u> of the following: - Hospital release papers on hospital letterhead - Footprints - Crib Card - Letter from physician or hospital on respective letterhead
Stepchild (up to age 28*) * See additional requirements for 26 and 27 year old dependents below.	A natural (biological) child of a covered employee's spouse, i.e. a stepchild of the covered employee	<u>One (1) of the following OPTIONS:</u> OPTION 1: Covered employee or spouse's most recent Federal Income Tax Return (1040, 1040A or 1040EZ) as filed with the IRS listing the stepchild as dependent - Page 1 PLUS signature page if filed hard copy; OR - Page 1 PLUS Certificate of Electronic Filing OPTION 2: Birth Certificate of stepchild
		If submitting spouse's tax return or birth certificate of stepchild, and the spouse is not covered under the employee's plan, documents proving <u>eligibility</u> of the spouse are also required.
Child (up to age 28*) for whom the employee, spouse or domestic partner is legal guardian. * See additional requirements for 26 and 27 year old dependents below.	A child for whom legal guardianship has been awarded to the covered employee, spouse or domestic partner. The domestic partner must be covered in order to cover a child for whom the domestic partner has been awarded legal guardianship unless there is a legal relationship between the employee and the child, i.e. the employee has legal guardianship of the child as well.	<u>One (1) of the following OPTIONS:</u> OPTION 1: Covered employee, spouse or domestic partner's most recent Federal Income Tax Return (1040, 1040A or 1040EZ) as filed with the IRS listing the child as dependent - Page 1 PLUS signature page if filed hard copy; OR - Page 1 PLUS Certificate of Electronic Filing OPTION 2: Court documents signed by a judge verifying legal custody of the child
		If submitting spouse's tax return or court documents of legal custody, and the spouse is not covered under the employee's plan, documents proving <u>eligibility</u> of the spouse are also required.

DEPENDENT CHILD		
DEPENDENT TYPE	DEFINITION	REQUIRED DOCUMENT(S)
Adopted child (up to age 28*) * See additional requirements for 26 and 27 year old dependents below.	<p>A legally adopted child of the covered employee, spouse or domestic partner, includes children placed in anticipation of a legal adoption</p> <p>The domestic partner must be covered in order to cover an adopted child of the domestic partner unless there is a legal relationship between the employee and the child, i.e. the child was adopted by the employee as well or the employee has legal guardianship of the child.</p>	<p>One (1) of the following OPTIONS:</p> <p>OPTION 1: Covered employee, spouse or domestic partner's most recent Federal Income Tax Return (1040, 1040A or 1040EZ) as filed with the IRS listing the child as dependent</p> <ul style="list-style-type: none"> - Page 1 PLUS signature page if filed hard copy; OR - Page 1 PLUS Certificate of Electronic Filing <p>OPTION 2: Court documents for the adopted child from a court of competent jurisdiction</p> <p>OPTION 3: International adoption papers from country of adoption</p> <p>OPTION 4: Papers from the adoption agency showing intent to adopt</p> <p>If submitting spouse's tax return, court documents or adoption papers, and the spouse is not covered under the employee's plan, documents proving <u>eligibility</u> of the spouse are also required.</p>
Child (up to age 28*) covered by a QMCSO * See additional requirements for 26 and 27 year old dependents below.	<p>A child for whom health care coverage is required through a Qualified Medical Child Support Order (QMCSO).</p>	<p>One (1) of the following OPTIONS:</p> <p>OPTION 1: Court documents signed by a judge</p> <p>OPTION 2: Medical support orders issued by a State agency</p>

CHILD OF A DEPENDENT CHILD (i.e. GRANDCHILD)		
DEPENDENT TYPE	DEFINITION	REQUIRED DOCUMENT(S)
Child of a dependent child, i.e. grandchild	<p>A child of a dependent child</p> <p>The child of a dependent child is eligible for coverage only if the dependent is enrolled for coverage.</p>	<ul style="list-style-type: none"> - Birth Certificate of child, i.e. of grandchild <p style="text-align: center;">OR</p> <p>If the child's birth certificate is not available, (i.e. when adding a newborn), <u>one (1)</u> of the following:</p> <ul style="list-style-type: none"> - Hospital release papers on hospital letterhead - Footprints - Crib Card - Letter from physician or hospital on respective letterhead

DISABLED DEPENDENT		
DEPENDENT TYPE	DEFINITION	REQUIRED DOCUMENT(S)
Disabled Dependent	<p>An unmarried dependent incapable of self-sustaining employment because of a mental or physical disability that began while the dependent was eligible.</p>	<p>One of the required documents for the applicable dependent child definition type above. (See DEPENDENT CHILD section)</p> <p style="text-align: center;">PLUS</p> <p>Statement of Dependent Eligibility</p>

*** DEPENDENTS AGE 26 UP TO BUT NOT INCLUDING AGE 28 (age 26 or 27)**

DEPENDENT TYPE	DEFINITION	REQUIRED DOCUMENT(S)
Additional requirements for 26 and 27 year old dependents	<p>The dependent must be:</p> <p>Unmarried</p> <p>Not eligible for coverage through an employer</p> <p>Not eligible for Medicaid or Medicare</p> <p>Residing in the state of Ohio</p> <p>OR</p> <p>If residing outside of Ohio, a full-time student as defined below.</p> <ul style="list-style-type: none"> - An accredited High School - An accredited college or university. For college students, minimum credit hours are ten credit hours per quarter or semester for undergraduates or six credit hours per quarter or semester for graduate students. Students must attend 2 out of 3 semesters per year or 3 out of 4 quarters per year. <p>A licensed vocational school, technical school, beautician school, automotive school or similar training school. Students must be enrolled full-time as defined by the institution.</p>	Young Adult Dependent Affidavit of Eligibility
		PLUS
		<u>One (1) of the following to prove Ohio residency:</u>
		<u>OPTION 1:</u> Copy of a lease agreement
		<u>OPTION 2:</u> Utility bill in the dependent's name
		<u>OPTION 3:</u> Current valid Ohio driver's license
		OR
		<u>One (1) of the following to prove full-time student status:</u>
		<u>OPTION 1:</u> A letter from the registrar with the dependent's name, semester and number of units enrolled, and school phone number
		<u>OPTION 2:</u> A transcript with the dependent's name, school name, semester and number of units enrolled, and school phone number

RESOURCES TO OBTAIN DOCUMENTS

- **Birth Certificates & Marriage Certificates:** <http://www.odh.ohio.gov/vitalstatistics/vitalstats.aspx>
- **Children born outside the United States:** <http://www.state.gov>
- **Letters or Transcripts:** call the school registrar's office to request a letter or transcript for schools, colleges, and universities.